

Return Forms to Activity Center!



City of Gaithersburg 301-258-6350 www.gaithersburgmd.gov

Half Day Hoopla Gaithersburg Aquatic Center

For 1st-5th grade children

Thursday, November 12, 2015

12:55-5:30pm

Departs from Gaithersburg Elementary School (GES), but students from other schools are welcome!

Pick up at Activity Center at Bohrer Park at 5:30pm

Cost

\$11 Res.

\$16 Nonres.

*NOTE: we will leave GES at 2:00 p.m. for the pool

**Parents are required to provide transportation to GES (35 N Summit Ave)

Registration is limited to the first 60 participants

Participants will swim at the Gaithersburg Aquatic Center

Please make sure your child has eaten lunch BEFORE program

Participants are required to bring swimsuits and towels

A \$3 late fee per 10 minutes will be charged to all parents arriving late to pick up



Questions? Contact Sydney Stasch at 301-258-6350 ext.126 or sstasch@gaithersburgmd.gov

DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, or register online at www.gaithersburgmd.gov/recxpress Checks made payable to the City of Gaithersburg. Visa, MasterCard, AMEX and Discover cards accepted.

Gaithersburg Aquatic Center Registration Form

Activity # 42462

☐ Check here if new address/phone since last time registered. Email _____
Parent's Last Name _____ Parent's First Name _____
Address _____ Apt _____ City/State/Zip _____
Home # _____ Work # _____ Cell # _____ City Resident ☐ Nonresident ☐
Emergency Contact Name _____ Emergency Contact Number _____

Child's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	Your School	Fee
EX: Colin Ryan	M	08/02/02	Swimming	42462	GES	3	GES	\$\$
			Swimming	42462	GES			\$\$
			Swimming	42462	GES			\$\$

Does your child have any allergies, medications, or conditions that may affect participation in the program? Please list:

☐ Y ☐ N _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Please indicate what accommodations are needed _____

Please circle your child's swimming ability: Non swimmer Swimmer Swimmer & Diving Board

I hereby grant permission for my child to attend the afterschool program sponsored by the City of Gaithersburg. I understand that I am responsible for my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by my child or any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program. I allow my child to be transported to and from site on these days in which there are any field trips.

Print Parent/Guardian Name _____ Signature of Parent/Guardian _____

Amount Paid \$ _____ Cash ☐ Check # _____
Visa/MC/Dis/AMEX # _____ Exp. Date ____/____
Signature (name on card) _____
Print Name _____

Office Use Only: # 42462
Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date _____

